

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

35152

1. PLACE OF DEATH

County St. Louis

Registration District No. 791

Township St. Louis

Primary Registration District No. 1003

City St. Louis (No. City)

File No. 9366

Registered No. 9366

St. Ward 26

2. FULL NAME

(a) Residence, No. 11622 Bernard Heller (Usual place of abode) Majestic St. Ward 26

Length of residence in city or town where death occurred ? yrs. ? mos. ? ds. How long in U. S., if of foreign birth? ? yrs. ? mos. ? ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Unknown

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 2 1862

7. AGE YEARS 71 MONTHS 9 DAYS 12 If LESS than 1 day, ? hrs. ? min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Adm. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hottel & Park

10. Date deceased last worked at this occupation (month and year) ? 11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "

17. INFORMANT (ADDRESS) Dr. J. H. K. K.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis DATE 10-19-1933

19. UNDERTAKER (ADDRESS) Walter Richter 3500 Putnam St.

20. FILED 10-30-1933 J. H. K. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 14 1933

22. I HEREBY CERTIFY, That I attended deceased from 10-12 1933, to 10-14 1933

I last saw him alive on 10-14 1933 Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset 6-12-22

Other contributory causes of importance:

Senile Chorea
Hypertension
Arteriosclerosis

Name of operation ? Date of ?

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ? Date of injury ? 19?

Where did injury occur? ?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ?

Nature of injury ?

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ?

(Signed) Arthur A. Hines, M. D.

(Address) City

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 10 1933

